BUILDING OFFICAL CERTIFICATION COMMITTEE'S - ATTACHMENT C Building Code Enforcement Official - Training Report Discrepancy Form

Please print clearly or ty	pe requested information.	
Last Name	First Name	BO ID Number
Mailing Address		Email
City/Town	State	Zip Code
()_ Telephone	 Municipality	
Please indicate in the area below, any approved training which you feel was omitted from your report. Please provide date, name of association, district number or BBRS course name and number of contact hours assigned to course. We will research our records and correct your training report if credit was not given due to an oversight in the data entry process. You will be contacted if additional information is required to correct your training report. In order to expedite the correction, please provide proof of attendance (certificate, sign in sheet, etc.) you may have received for previously approved course(s) entered below.		
Please Print or Type Cl	early:	
COURSE NAME / NA	AME OF ASSOCIATION	DATE OF SEMINAR / TRAINING
-		
-		
		oved. Please refer to the "Building Official Certification s" for the procedure to <i>apply</i> for credit for a course of
Please fax to 617-248-0813 or email this form and any attachments to: Kimberly.spencer@mass.gov or mail to: Office of Public Safety, Attn: Kimberly Spencer, 1000 Washington Street – Suite 710, Boston, MA 02118		